

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/616,457
	Filing Date	07/14/2000
	First Named Inventor	Xiao Chen ET AL.
	Art Unit	2125
	Examiner Name	Sheela S. Rao
Total Number of Pages in This Submission	Attorney Docket Number	99-464

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosures(s) (please identify below):
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

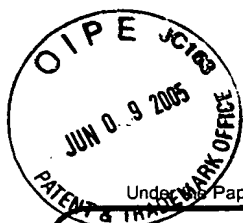
Firm or Individual name	Andrew J. Ririe, Registration No. 45,597
Signature	
Date	June 6, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope address to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: 06/06/2005			
Typed or printed name	Andrew J. Ririe		
Signature		Date	6-June-2005

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PTO/SB/17 (05-03)

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FEE TRANSMITTAL for FY 2003

Effective 10/01/2003. Patent fees are subject to annual revision.

Complete if Known

Application Number	09/616,457
Filing Date	07/14/2000
First Named Inventor	Xiao Chen ET AL.
Examiner Name	Sheela S. Rao
Art Unit	2125
Attorney Docket No.	99-464

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 500

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account

Deposit

Account Number 03-1129

Deposit

Account Name

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☐ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1001	790	2001	385	Utility filing fee	
1002	350	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	790	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
-20** =		X	
Independent Claims	-3** =	X	
Multiple Dependent			

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1202	18	2002	9	Claims in excess of 20
1201	88	2001	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	88	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	210	Extension for reply within second month	
1253	980	2253	475	Extension for reply within third month	
1254	1,530	2254	740	Extension for reply within fourth month	
1255	2,080	2255	1,005	Extension for reply within fifth month	
1401	340	2401	165	Notice of Appeal	500
1402	340	2402	165	Filing a brief in support of an appeal	
1403	300	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	665	Petition to revive - unintentional	
1501	1,370	2501	665	Utility issue fee (or reissue)	
1502	490	2502	240	Design issue fee	
1503	660	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 500

SUBMITTED BY

(Complete (if applicable))

Name (Print/Type)

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Signature

Date

06/06/2005

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